

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90035 042 \*\*\*150.00

**DOCUMENT # P99000001395**

1. Entity Name

**49 EXPRESS TRANSPORTATION, INC.**

Principal Place of Business

**205 S.W. 75TH ST.  
 GAINESVILLE FL 32614**

Mailing Address

**P O BOX 141795  
 GAINESVILLE FL 32614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**32607**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAFFER, JEFFREY M  
 205 S.W. 75TH ST.  
 SUITE 7N  
 GAINESVILLE FL 32614**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**32607**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **SHAFFER, JEFFREY M**  
 STREET ADDRESS **205 SOUTHWEST 75TH ST., SUITE 7N**  
 CITY-ST-ZIP **GAINESVILLE FL 32614**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jeffrey M. Shaffer* **Jeffrey M. Shaffer** **January 14, 2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **(352) 331-8000**

CR2E034 (10/00)

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